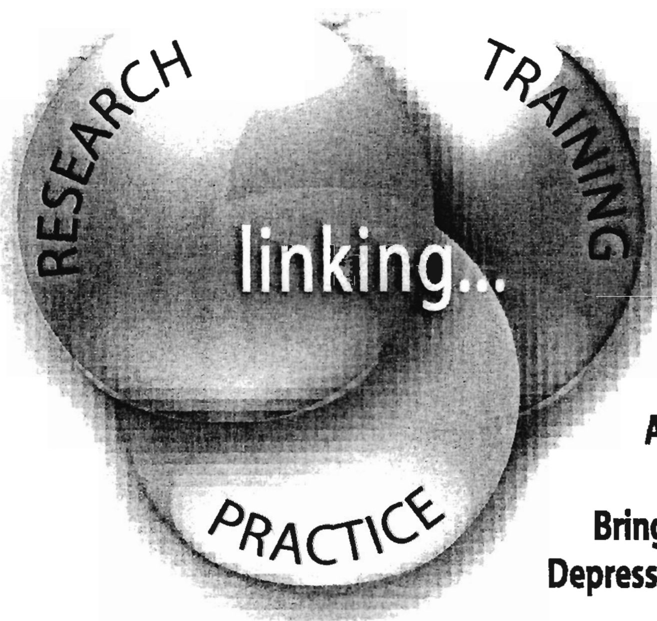
Winter 2009

Child & Family Professional

What is Mental Wellness?



Enhancing the Mental Wellness of Children

The Need for Adolescent Mental Illness Education and Accessible Service

Bringing Post Partum Depression into the Light

Promoting Mental Wellness within Child Care

Published by kidsLINK

www.childandfamilyjournal.com

Child and Family Professional • Winter • Volume 12, Issue 3

IN THIS ISSUE

EDITORIAL 4

FOR THE SOUL AT WORK
- Creating a Sense of Community at Work *by Patricia Berendsen* 6

PARENT/CHILD PERSPECTIVE
- Dreams Take Flight *by Brett Vandermey* 12

PRACTICE/ THEORY
- Enhancing the Mental Wellness of Children *by Dr. Stuart Shanker* 15
- Extracurricular Activities: Where is the family? *by Alisa Bridger* 23
- The Need for Adolescent Mental Illness Education and Accessible Services *by Dr. Mike McCabe, Dr. Carlo Ricci and Magenta Chernets-Taha* 36
- Making a Case for Increased Mental Health Literacy – Stigma Reduction *by Erin Margetts* 50
- Bringing Post Partum Depression into the Light *by Debbie Wang* 60
- Promoting Mental Wellness within Child Care *by Paula Brunkard* 70

BOOK REVIEWS
- Attachment in Middle Childhood by *Debbie Wang* 79
- Solution Focused Counselling in Schools by *Elisa Palmer* 82
- Creative Interventions with Traumatized Children by *Emily Gray* 85

JOURNAL USE: PROFESSIONAL DEVELOPMENT
- Child & Family Professional – a New Type of Book Club *by Early Intervention Staff* 88

COMING EVENTS 89

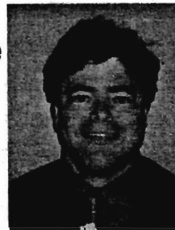
CALL FOR PAPERS 93
- Instructions to Authors 94

THE NEED FOR ADOLESCENT MENTAL ILLNESS EDUCATION AND ACCESSIBLE SERVICES

Magenta Chernets-Taha
Nipissing University

Dr. Carlo Ricci
Nipissing University

Dr. Mike McCabe
Nipissing University



Abstract

This research study is designed to provide an understanding of teenagers' knowledge about the signs and symptoms of mental illnesses. It highlights which supports adolescents are likely or unlikely to utilize for support with a mental illness. Students report that they first learn about mental illness through the media, then in school. Students best able to identify a mental illness are either female or those who have a mental illness. Students most likely to get help for a behavioural, emotional, or mental illness are female or those who have a mental illness. Students report that they would most likely obtain help from an informal support, like a family member or close friend and from someone with whom they have a good relationship. Barriers are linked to the quality of relationships, knowledge on the topic, and availability of help.

The Need for Adolescent Mental Illness Education and Accessible Services

As adolescents experience growth and development through their teenage years, they are faced with increased pressure from all domains of life. Mental health is crucial to the overall well-being of an individual, especially a teenager. The reality is, however, that one in five adolescents will experience a diagnosable mental illness (Children's Mental Health Ontario [CMHO], 2007a; National Institute of Mental Health [NIMH], 2001). Many of these individuals diagnosed with a mental illness will, along with their family members, experience heightened feelings of shame and guilt. Unfortunately, the associated stigma often prevents people from talking openly about mental illnesses. Consequently, teenagers suffering from a mental illness might not know where to obtain professional assistance when required. Therefore, one way of helping teenagers acquire the information they need is by promoting mental health literacy. Mental health literacy corresponds to the management of mental health and the prevention of substance abuse through knowledge, beliefs, and abilities that support recognition (Here-to-Help BC, 2007). It is imperative that adolescents acquire mental health literacy to increase personal awareness, thereby enabling them to identify symptoms of a mental illness should they appear. Furthermore, teenagers and their families must know what services and which personnel to turn to when necessary.

Statement of the Problem

The field of mental illness is broad, with much to discover. The focus of this research is on Canadian high school students, ranging in age from 14 to 18 years. Within each school board, it is of utmost importance to understand how students perceive both mental illnesses and the services available. Even though adolescents might learn about various mental illnesses from the media or from school, their knowledge might not be complete or accurate. Hence, it is important to gauge students' knowledge on the subject of mental illnesses. Only then can programs be developed that provide the emphases needed to fill in the gaps in their knowledge. These gaps in knowledge may differ depending upon the gender of the individuals involved. What better places exist to provide necessary knowledge to this vulnerable group than schools? The understanding gained here is valuable not only to the students who use these services but to the adults in school boards entrusted with making decisions surrounding the allotment of support services

and resources. Instead of further disenfranchising this needy population, we must empower teenagers to recognize when help is needed and to know exactly where to go to get that help.

Research Questions

The major research questions addressed in this study are

1. Are secondary school students able to recognize the signs and symptoms of mental illnesses?

2. Are there differences in recognition of the signs and symptoms based upon gender?

3. Which services are students willing to access, both in the school and within the community, and what is preventing students from accessing these supports?

REVIEW OF RELEVANT LITERATURE

People with a mental illness often experience their first onset of psychiatric symptoms during young adulthood, specifically between the ages of 15 and 24 (Sawyer, Miller-Lewis, & Clark, 2007; Sharp, Hargrove, Johnson, & Deal, 2006; Sheffield, Fiorenza, & Sofronoff, 2004; Smith-Osborne, 2005). Reports from organizations such as Children's Mental Health Ontario (2007a) and the National Institute for Mental Health (2001), indicate that as many as one in five children and youth under the age of 19 struggles with a diagnosable emotional, mental, or behavioural disorder. The seven most common mental illnesses identified among children and youth are as follows (Kids Mental Health, 2007):

- Anxiety disorders;
- Depression;
- Conduct disorder;
- Attention deficit hyperactivity disorder (ADHD);
- Eating disorders;
- Schizophrenia;
- Bipolar disorder (manic-depressive).

A notable gap exists between those young adults who require help and those who actually seek it out and receive mental health care (Masia-Warner, Nangle, & Hansen, 2006; Sawyer et al.; Sheffield et al.; Weist, M.D., Rubin, M., Moore, E., Adelshem, S., & Wrobel, G. 2007). Of those diagnosed with a mental illness, only 20% actually acquire help from mental health services (Canadian Mental Health Association [CMHA], 2007). It is a major public health concern that so many youth fail to receive treatment (U. S. Public Health, 2000 as cited in Masia-Warner et al.), particularly since early intervention is crucial for managing a mental illness.

Defining Mental Health Literacy

According to Here-to-Help BC (2007), mental health literacy refers to the ability to recognize specific disorders, including addictions; knowledge about how to seek information; acknowledgment of risk factors and causes, of self-care techniques, and of professional help available; and attitudes that promote recognition and appropriate help-seeking. A person who is "mental health literate" would have all of these capabilities. Not only is this type of literacy important for teachers, parents, and families, but students must also be literate on the topic of mental illnesses. Sharp et al. (2006) state, however, that mental health literacy among the general population is poor. Having the necessary knowledge enables one to seek out the appropriate support when needed, either personally or for someone else. A greater general public understanding, awareness, and acceptance of mental illness would not only help those affected by it, but also, ideally, result in the lessening of the stigma attached to these health conditions.

School-based mental health programs have become more commonplace, reflecting the growing recognition of the need to reduce barriers and to engage and educate youth (Weist et al., 2007). Finney (2006) noted in his research that "schools serve as an effective setting for the promotion of mental well-being" (p. 26).

Adolescent Help-Seeking

Even though students express attitudes suggesting they would seek help when needed, enacted behaviours do not always correspond with planned ones (Wilson & Deane, 2001). Sawyer et al. (2007) and Sheffield et al. (2004) found that adolescents are more likely to solicit support from informal sources than formal sources. Soliciting services from a formal, outside source can be threatening to one's self-esteem (Fisher, Nadler, & Whitcher-Alagna, 1982). Previous research has addressed the issue of barriers surrounding help-seeking behaviours. A reported barrier preventing people from seeking help is the stigma attached with having a mental illness (Government of Canada, 2006b; Masia-Warner et al., 2006; Weist et al., 2007). Stigma involves a societal reaction of singling out certain attributes, evaluating these attributes

as undesirable, and then devaluing the person who posses these attributes (Bunton, 1997). Furthermore, a stigma is "externally imposed by society for an unacceptable act and internally imposed by oneself for unacceptable feelings" (Government of Canada, 2006a, p. 41).

Gender Differences

A difference related to help-seeking behaviour revolves around gender. Research indicates that females are more likely to acquire support and help for a mental illness than are males (Sharp et al., 2006; Sheffield et al., 2004; Wilson & Deane, 2001). In addition to getting help, females between the ages of 15 and 24 are also one and a half times more likely to report fair or poor mental health in comparison to males in the same age group (Government of Canada, 2006a).

Methodology

POPULATION AND SAMPLE

The sample involved with this study ($N = 121$) was drawn from grade 10 and grade 12 students attending a secondary school in southern Ontario. Of these, 78 (64.5%) were female and 43 (35.5%) were male. The response rate from this sample was 26%. The instrument administered to the students participating in this study consisted of ten self-reported questions in a survey format. The responses to the questions included Likert-type scale ranking, two-selection options, and open-ended questions. The first three questions on the survey provided the researchers with general information about the students participating in the study. The remaining questions dealt with identification and knowledge of mental illnesses, particular behaviours, signs, and symptoms, and avenues for seeking assistance for mental illnesses.

Quantitative data from the survey were manually entered by the researchers into a computer-based spreadsheet. Information was analyzed for trends, patterns, and statistical significance. Cross-tabulations were performed to examine response differences between males and females, between students in grades 10 and 12, and between students who identified themselves as having a mental illness and those who did not identify themselves as having a mental illness. Statistical significance was determined through the calculation of chi-square values. Statistical significance was noted when the p value (asymptotic significance value) was below 0.05 ($p < 0.05$).

Qualitative data collected from responses to the open-ended questions (question numbers 6, 7, 9, and 10) were analyzed and entered into a computer-based spreadsheet. Responses that related to two or more categories were tabulated accordingly; thus, some responses were counted in more than one category. Students' responses were sorted into common themes and responses. The frequencies of these were tabulated and evaluated.

Results and Discussion

RECOGNIZING SIGNS AND SYMPTOMS

Based upon a list of symptoms, signs, and behaviours, students ranked their own likelihood of seeking help for specific behaviours and symptoms based on a scale of 1 (*Not Seek Help*), 2 (*Consider Help*), and 3 (*Get Help*). Overall, there were four behaviours for which over 60% of the students responded with "Get Help." The behaviours were "attempting to injure self" ($n = 110$, 90.9%), "hitting or bullying others" ($n = 81$, 68.9%), "frequent outbursts of anger and rage" ($n = 79$, 65.3%), and "drinking a lot and/or using drugs" ($n = 76$, 62.8%). The next highest percentage was 37.2% ($n = 45$) for "obsessed with weight" and "avoiding and friends and family," illustrating a notable gap between those behaviours seen as being more immediately harmful and requiring immediate help and those considered less urgent. Finally, the two behaviours with the fewest students responding with "Get Help" were "not doing things he or she used to enjoy" ($n = 13$, 10.7%) and "not concerned with appearance" ($n = 7$, 5.8%).

Differences Between Genders

Analysis of gender differences reveal that female students recorded higher help-seeking response patterns than male students for 13 of the 16 behaviours listed (see Table 1). The differences in responses between males and females were particularly salient for a few behaviours. The behaviour for which both genders had the lowest percentage responding "No Help" was for "attempting to injure self." This behaviour also had the highest "Get Help" percentages amongst both genders. "Not concerned with appearance" was the behaviour about which the highest percentage of both genders responded with "No Help" and the lowest percentage with "Get Help."

Analysis by gender yielded a statistically significant result, however, for

the behaviour "getting significantly lower marks in school." For this behaviour, 48.8% of males but only 24.4% of females selected the response "Get Help." Over 66% of females and 37.2% of males selected "Consider Help" for this behaviour.

Table 1: Student Response to Behaviours by Gender

Behaviour	Gender	Student Response to Behaviour				
		No help (1)	Consider help (2)	Get help (3)	No response (4)	Total
Significantly lower marks in school[a]	Female	6 (7.7%)	52 (66.7%)	19 (24.4%)	1 (1.3%)	78 (100%)
	Male	6 (14.0%)	16 (37.2%)	21 (48.8%)	0 (0%)	43 (100%)
Avoiding friends and family	Female	11 (14.1%)	39 (50.0%)	28 (35.9%)	0 (0%)	78 (100%)
	Male	4 (9.3%)	22 (51.2%)	17 (39.5%)	0 (0%)	43 (100%)
Frequent outbursts of anger and rage	Female	3 (3.8%)	24 (30.8%)	51 (65.4%)	0 (0%)	78 (100%)
	Male	5 (11.6%)	10 (23.3%)	28 (65.1%)	0 (0%)	43 (100%)
Losing appetite	Female	15 (19.2%)	45 (57.7%)	18 (23.1%)	0 (0%)	78 (100%)
	Male	12 (27.9%)	24 (55.8%)	7 (16.3%)	0 (0%)	43 (100%)
Difficulty sleeping	Female	15 (19.2%)	49 (62.8%)	14 (17.9%)	0 (0%)	78 (100%)
	Male	13 (30.2%)	26 (60.5%)	4 (9.3%)	0 (0%)	43 (100%)
Rebelling against authority	Female	23 (29.5%)	30 (38.5%)	24 (30.8%)	1 (1.3%)	78 (100%)
	Male	16 (37.2%)	16 (37.2%)	10 (23.3%)	1 (2.3%)	43 (100%)
Drinking a lot and/or using drugs	Female	8 (10.3%)	18 (23.1%)	51 (65.4%)	1 (1.3%)	78 (100%)
	Male	5 (11.6%)	13 (30.2%)	25 (58.1%)	0 (0%)	43 (100%)
Not doing things he or she used to enjoy	Female	33 (42.3%)	34 (43.6%)	9 (11.5%)	2 (2.6%)	78 (100%)
	Male	24 (55.8%)	15 (34.9%)	4 (9.3%)	0 (0%)	43 (100%)
Damaging other people's property	Female	13 (16.7%)	40 (51.3%)	25 (32.1%)	0 (0%)	78 (100%)
	Male	14 (32.6%)	16 (37.2%)	13 (30.2%)	0 (0%)	43 (100%)
Worrying constantly	Female	17 (21.8%)	43 (55.1%)	17 (21.8%)	1 (1.3%)	78 (100%)
	Male	14 (32.6%)	18 (41.9%)	11 (25.6%)	0 (0%)	43 (100%)
Experiencing frequent mood swings	Female	15 (19.2%)	45 (57.7%)	17 (21.8%)	1 (1.3%)	78 (100%)
	Male	9 (20.9%)	22 (51.2%)	12 (27.9%)	0 (0%)	43 (100%)
Not concerned with appearance	Female	50 (64.1%)	23 (29.5%)	5 (6.4%)	0 (0%)	78 (100%)
	Male	36 (83.7%)	5 (11.6%)	2 (4.7%)	0 (0%)	43 (100%)
Obsessed with weight	Female	13 (16.7%)	39 (50.0%)	26 (33.3%)	0 (0%)	78 (100%)
	Male	5 (11.6%)	19 (44.2%)	19 (44.2%)	0 (0%)	43 (100%)
Lacking energy and motivation	Female	16 (20.5%)	49 (62.8%)	13 (16.7%)	0 (0%)	78 (100%)
	Male	10 (23.3%)	28 (65.1%)	5 (11.6%)	0 (0%)	43 (100%)
Hitting or bullying other children	Female	8 (10.3%)	13 (16.7%)	57 (73.1%)	0 (0%)	78 (100%)
	Male	6 (14.0%)	13 (30.2%)	24 (55.8%)	0 (0%)	43 (100%)
Attempting to injure self	Female	0 (0.0%)	6 (7.7%)	72 (92.3%)	0 (0%)	78 (100%)
	Male	3 (7%)	2 (7.7%)	38 (88.4%)	0 (0%)	43 (100%)

Note: Totals: 78 female students and 43 male students.

Sources of Help: Who Will Students Turn to in a Time of Need?

Many students will seek help at some point in their high school career, either for themselves or for someone else. Table 2 displays the frequencies, by gender, of sources of help sought out for diagnosed mental illness based upon a scale of 1 (*No*) to 5 (*Yes*). Statistical significances were calculated using chi-square values.

Likely Sources of Help

Results reveal sources students were likely to turn to when help was needed for a mental, emotional, or behavioural disorder. Six sources of help had a mean value of 3.0 or higher. The sources ranked in order from highest to lowest based on mean scores are as follows: Family (Parents/Guardian), Friends, Family Doctor, Siblings, Psychologist/Psychiatrist, and Family (Extended Family).

Unlikely Sources of Help

Responses with a mean score of less than 3.0 indicate those sources of help that students would probably neither approach nor use. Sources of help scores with a mean value of less than 3.0 were recorded for nine instances. These include, in order from lowest to highest mean scores, Chaplain, Administrators (Vice-Principal and/or Principal), and Priest/Pastor, Resource Teacher, Social Worker, Public Health Nurse, Teacher, Guidance Counsellor, and Kids Help Phone.

Differences Between Genders

A higher percentage of males than females responded "Yes" (5) to seeking help from 13 of the 15 listed sources of help. The only two sources for which females reported higher percentages were Friends and Siblings. Female students reported the highest percentages of "No" (1) responses for 12 of the 15 sources of help. Responses of "Probably Not" (2), "Maybe" (3), and "Probably' (4), reveal that overall, males reported a greater likelihood of help-seeking behaviours from the sources of help listed in this study. Psychologist/Psychiatrist was the only source of help to reveal statistically significant results through chi-square tests ($p < 0.05$). Male students reported a greater likelihood of seeking help from a Psychiatrist/Psychologist than did female students. Of the male participants 46.5% responded with "Probably" or "Yes" when asked about obtaining help from a psychologist or a psychiatrist compared to 33% of the female respondents. The difference in responses between males and females for this source of help yielded statistically significant results (chi-square with four degrees of freedom = 15.741, $p = 0.003$).

Table 2: Differences Between Gender Responses: Sources of Help for a Mental, Emotional, or Behavioural Disorder

Source of help	Gender	Response categories: No 1	Probably not 2	Maybe 3	Probably 4	Yes 5	NR(a)
Friends	Female	3 (3.8%)	3 (3.8%)	15 (19.2%)	19 (24.4%)	38 (48.7%)	0 (0%)
	Male	4 (9.3%)	5 (11.6%)	8 (18.6%)	12 (27.9%)	14 (32.6%)	0 (0%)
Family - parents guardians	Female	6 (7.7%)	7 (9.0%)	7 (9.0%)	23 (29.5%)	35 (44.9%)	0 (0%)
	Male	3 (7.0%)	2 (4.7%)	9 (20.9%)	8 (18.6%)	21 (48.8%)	0 (0%)
Family - extended family	Female	14 (17.9%)	20 (25.6%)	15 (19.2%)	17 (21.8%)	12 (15.4%)	0 (0%)
	Male	7 (16.3%)	9 (20.9%)	8 (18.6%)	11 (25.6%)	8 (18.6%)	0 (0%)
Sibling(s) brother /sister	Female	13 (16.7%)	12 (15.4%)	13 (16.7%)	20 (25.6%)	17 (21.8%)	3 (3.8%)
	Male	6 (14.0%)	9 (20.9%)	8 (18.6%)	9 (20.9%)	9 (20.9%)	2 (4.7%)
Priest/ Pastor	Female	39 (50.0%)	23 (29.5%)	13 (16.7%)	2 (2.6%)	1 (1.3%)	0 (0%)
	Male	15 (34.9%)	12 (27.9%)	12 (27.9%)	2 (4.7%)	2 (4.7%)	0 (0%)
Teacher	Female	21 (26.9%)	22 (28.2%)	25 (32.1%)	7 (9.0%)	3 (3.8%)	0 (0%)
	Male	10 (23.3%)	8 (18.6%)	17 (39.5%)	6 (14.0%)	2 (4.7%)	0 (0%)
Guidance counsellor	Female	19 (24.4%)	21 (26.9%)	27 (34.6%)	8 (10.3%)	3 (3.8%)	0 (0%)
	Male	8 (18.6%)	9 (20.9%)	14 (32.6%)	10 (23.3%)	2 (4.7%)	0 (0%)
Resource teacher	Female	37 (47.4%)	21 (26.9%)	16 (20.5%)	3 (3.8%)	1 (1.3%)	0 (0%)
	Male	14 (32.6%)	14 (32.6%)	7 (16.3%)	5 (11.6%)	3 (7.0%)	0 (0%)
Chaplain	Female	45 (37.7%)	25 (32.1%)	7 (9.0%)	0 (0.0%)	1 (1.3%)	0 (0%)
	Male	21 (48.8%)	11 (25.6%)	5 (11.6%)	3 (7.0%)	3 (7.0%)	0 (0%)
School social worker	Female	28 (35.9%)	23 (29.5%)	17 (21.8%)	7 (9.0%)	3 (3.8%)	0 (0%)
	Male	15 (34.9%)	14 (32.6%)	6 (14.0%)	4 (9.3%)	4 (9.3%)	0 (0%)
School public health nurse	Female	39 (50.0%)	14 (17.9%)	15 (19.2%)	5 (6.4%)	4 (5.1%)	1 (1.3%)
	Male	12 (27.9%)	10 (23.3%)	14 (32.6%)	2 (4.7%)	5 (11.6%)	0 (0%)
Administrator (VP or principal)	Female	44 (56.4%)	16 (20.5%)	13 (16.7%)	4 (5.1%)	1 (1.3%)	0 (0%)
	Male	17 (39.5%)	13 (30.2%)	8 (18.6%)	1 (2.3%)	4 (9.3%)	0 (0%)
Psychologist/ psychiatrist(b)	Female	10 (12.8%)	4 (5.1%)	38 (48.7%)	14 (17.9%)	12 (15.4%)	0 (0%)
	Male	8 (18.6%)	8 (18.6%)	7 (16.3%)	8 (18.6%)	12 (27.9%)	0 (0%)
Family doctor	Female	11 (14.1%)	7 (9.0%)	21 (26.9%)	21 (26.9%)	18 (23.1%)	0 (0%)
	Male	6 (14.0%)	5 (11.6%)	15 (34.9%)	7 (16.3%)	10 (23.3%)	0 (0%)
Kids Help Phone	Female	24 (30.8%)	15 (19.2%)	20 (25.6%)	10 (12.8%)	9 (11.5%)	0 (0%)
	Male	12 (27.9%)	11 (25.6%)	7 (16.3%)	5 (11.6%)	8 (18.6%)	0 (0%)

Note: Totals: 78 female students and 43 male students.

(a) NR = No Response: The number of students who did not select an answer for the question

(b) Chi-square tests yield statistically significant results.

Students were provided the opportunity to expand on why they responded with 4 (Probably) and/or 5 (Yes) to certain sources of help. Responses were sorted into common threads and tabulated accordingly. Representative quotes have been included (below) to highlight various answers to the question, "Why would you seek help with the specific source?"

Responses Based on Security of the Information Shared with the Person

A few of the responses were tied to the security of the person in

need of help (see Table 3). Common answers mentioned trust, confidentiality, and the need for the source or person not to be critical or judgmental. Overlap into different categories was found in some responses.

Table 3: Reasons for choosing help

Reasons for Choosing Help	Female	Male	Overall
Feelings of Trust	51.3%	44.0%	48.8%
Source will not be critical or judgemental	16.7%	9.3%	14.0%
Source will respect confidentiality	10.0%	9.0%	9.9%

Quotations from participants

Grade 10 Male, diagnosed mental illness:

> "Because I know I can trust those people. Friends will probably understand and respect me, and I know that the professional psychologist/psychiatrist can help me, and we have the doctor-patient closure rights."

Grade 12 Female, no diagnosed mental illness:

> "Have more trust in them (friends and family) in what they say; no fear of being judged."

Grade 12 Female, no diagnosed mental illness:

> "You know that these people will keep what you tell them confidential and you can always trust your family with anything."

Responses Based on Relationship

It was also important for adolescents to have a good relationship with the person from whom they seek help. Adolescents responded that it was important that they feel comfortable and have a good relationship with the person, and that there was constant contact. Students also indicated that they would be more likely to go to a source of help if they felt as though the source knew them and that the source cared as well. Responses in this category overlap into other categories, as some students indicated more than one quality based on the relationship with the source of help and what they viewed as important.

Under this subheading, teenagers most frequently cited that they would go to a source whom they felt knew them (n = 28, 23.1%).

This was equally important for females (n = 18, 23%) and for males (n = 10, 23.3%). Some students were more specific, indicating they would go to someone with whom they had constant contact (n = 10, 8.3%). Responses for this question were similar for both male (n = 3, 7%) and female (n = 7, 9%) students.

It was important that students feel comfortable, as 20 students (16.5%) revealed that this would be a reason why a source would be selected. Male (n = 7, 16.3%) and female (n = 13, 16.7%) students responded similarly to this question.

Along with being comfortable was the need for a "good relationship." Eleven students (9.1%) cited this as a reason for selecting a specific source of help. Males (n = 3, 7%) and females (n = 8, 10.3%) responded similarly to this question. Along with having a good relationship with them, a few students indicated a need to know that this person cared about them too (n = 7, 5.8%). Six females (7.7%) and one male (2.3%) noted the need for caring. The following are a few responses provided by students for Question 9 that fall under this subheading:

Grade 10 Male, no diagnosed mental illness:

> "I trust these people (professionals) because they have probably experienced other people who have similar mental illnesses."

Grade 10 Female, diagnosed mental illness:

> "Because they would either know me the best or know what they are talking about the best based on what they have studied."

Grade 12, Female, no diagnosed mental illness:

> "These are the people who know me best and I am most comfortable with. If there was a problem they would notice and want to help me."

Responses Based on Sources' Ability

Another factor determining the likelihood of a student using a source for help was whether the person was knowledgeable, able to help, and had specific training and/or experience in this field. Along with these factors, three students (2.5%) in grade 10 also indicated that they would go to these sources only because they knew they were not

the only ones soliciting help from this source.

This sample indicated it was important to know that a specific person could be of help (n = 34, 28%). This was especially true for female respondents (n = 26, 33.3%) versus males (n = 8, 18.6%).

The next quality viewed as valuable was that the source was knowledgeable (n = 26, 21.5%). Females (n = 16, 20.5%) and males (n = 10, 23.3%) both thought this was noteworthy. The following are a few responses provided by students for Question 9 that fall under this subheading:

Grade 12 Female, no diagnosed mental illness:

> "They are either professionals or people you could trust with your issues."

Grade 12 Male, no diagnosed mental illness:

> "For most sources there is an established trust; well-read in the field of mental illnesses; an expert of mental illness (scientific theory/medical theory); experienced."

"This report highlights that schools need to move beyond the primary purpose of educating children and youth."

Grade 10 Female, no diagnosed mental illness:

> "They are either close/important to me or understand or their job is specifically to help you with your problems and mental illness."

Conclusions

Although this study was completed in one secondary school, we believe it is significant because of a number of consistencies with other studies (Masia-Warner, Nangle, & Hansen, 2006; Prout & Prout; Sawyer et al.; Sheffield et al.; Weist et al., 2007). We conclude that teenagers' knowledge of the signs and symptoms of mental illness is lacking. In 2002, the Government of Saskatchewan released a report resulting from a task force on the role of schools. This report highlights that schools need to move beyond the primary

purpose of educating children and youth; they must also serve as a place for support service delivery enabling schools to become "centres at the community level for the delivery, of appropriate social, health, recreation, culture, justice and other services for their families" (Government of Saskatchewan, p. 1). Masia-Warner et al. (2006) found that the school environment allows for the normalization of treatment in comparison to a clinical setting removed from the everyday life of the student. Schools, especially guidance counsellors, are in an ideal position to assist students and their families to access local supports and resources (Prout & Prout; Sawyer et al.). School staff must understand referral procedures in addition to being able to identify students who need immediate intervention (Weist et al., 2007). Schools function not only as places of support in times of need but also as the main learning centre for many students regarding mental illnesses. Furthermore, students reported that they would most likely obtain help from an informal support, like a family member or close friend, and from someone with whom they have a good relationship, rather than from available, trained, and more formal sources of support. Barriers preventing students from seeking help were found to be linked to the quality of relationships, knowledge on the topic, and availability of personnel.

Given that one in five adolescents will experience a diagnosable mental illness, there is a definite need for a more focused effort to ensure that young people are competent in recognizing the signs and symptoms relating to a mental illness. This research has paved the way for future research. The findings provide an opportunity to expand the survey beyond the single school chosen here. In doing so, there is the hope that the reliability of the findings will increase and significant trends can be further explored. In particular, there is great potential to affect the manner in which school curriculum teaches about mental health literacy and personnel address issues related to mental illness in the adolescent population.

References

Canadian Mental Health Association. (2007). *Facts about mental illness in youth.* Retrieved June 18, 2007, from http://www.cmha.ca/bins/content_page.asp?cid=6-20-23-44

Children's Mental Health Ontario. (2007a). *Children mental health Ontario.* Retrieved June 15, 2007, from http://www.kidsmentalhealth.ca

Finney, D. (2006, September). Stretching the boundaries: Schools as therapeutic agents in mental health. Is it a realistic proposition? *Pastoral Care*, 22-27.

Fisher, J.D., Nadler, A., & Whitcher-Alagna, S. (!982). Recipient reactions to aid: A conceptual review. *Psychological Bulletin*, 91, 27-54.

Government of Canada. (2006a). *The human face of mental health and mental illness in Canada* 2006. Ottawa, ON: Minster of Public Works and Government Services Canada.

Here-to-Help BC. (2007). About us: *What is mental health literacy and why is it important?* Retrieved June 15 2007, from http://www.heretohelp.bc.ca

Kids' mental health. (2007, May 7-11). *The Toronto Star.* Retrieved June 15, 2007, online from http://www.kidsmentalhealth.ca/documnets/CMHW-TorontoStar.pdf

Masia-Warner, C., Nangle, D. W., & Hansen, D. J. (2006). Bringing evidence-based child mental health services to the schools: General issues and specific populations. *Education and Treatment of Children*, 29(2), 165-172.

National Institute of Mental Health. (2001). *Blueprint for change: Research on child and adolescent mental health. Report of the national advisory mental health councils workgroup on child and adolescent mental health intervention development and deployment.* Maryland: Author.

Sawyer, M.G., Miller-Lewis, L.R., & Clark, J.J. (2007). The mental health of 13-14 year-olds in Australia: Findings from the national survey of mental health and well-Being. *Journal of Youth Adolescence*, 36, 185-194.

Sharp, W., Hargrove., D. S., Johnson, L., & Deal, W. P. (2006). Mental health education: An evaluation of a classroom based strategy to modify help seeking for mental health problems. *Journal of College Student Development*, 47(4), 419-435.

Sheffield, J.K., Fiorenza, E., & Sofronoff, K. (2004). Adolescents' willingness to seek psychological help: Promoting and preventing factors. *Journal of Youth and Adolescence*, 33(6), 495-507.

Smith-Osborne, M. (2005). Antecedents to post-secondary educational attainment for individuals with psychiatric disorders: A meta-analysis. *Best Practices in Mental Health*, 1(1), 15-30.

Weist, M.D., Rubin, M., Moore, E., Adelshem, S., & Wrobel, G. (2007). Mental health screening in schools. *Journal of School Health*, 77(2), 53-58.

Wilson, C.J., & Deane, F.P. (2001). Adolescent opinions about reducing help-seeking barriers and increasing appropriate help engagement. *Journal of Educational and Psychological Consultation*, 12(4), 345-364.